Printed/Typed Name S.M. Stavale	Signature SMBAWale	Month 0 0 8 9 7
17. Transporter 1 Acknowledgement of Receipt of Materials		
Printed/Typed Name C. Teschendorf	Signotore	Month Day Year 1 0 9 9 7
18. Transporter 2 Acknowledgement of Receipt of Materials		
Printed/Typed Name	Signature	Month Day Year
10 Discrepancy Indication Space		

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name

DO NOT WRITE BELOW THIS LINE.

GENERATOR SENDS THIS COPY TO DTSC WITHIN 30 DAYS. Blue: P.O. Box 400, Sacramento, CA 95812-0400 To:

CASE

A Z

Day

Month